

State Employee GoPass Application

A GoPass will be issued after this form is completed and submitted to the State Parking Division.

BEACON #	Last Name:	First Name:	MI
Department Code: D <small>Code assigned by State Parking. Leave blank if not known.</small>	Department:	Division:	
Type of Action(s) Requested: <input type="checkbox"/> Issue a new/replacement GoPass <input type="checkbox"/> Replace GoPass # <input type="checkbox"/> Terminate GoPass #			
Home Address			
Mailing Address:	City:	State:	Zip+4:
Work Address			
MSC #:	City:	State:	Zip+4:
Building Name:	Work Phone:	Email:	
Vehicle Information			
By accepting a GoPass, the employee agrees to the following terms and conditions of use: 1. GoPasses are only issued and may be used by benefits eligible State employees whose work assignment is within the city of Raleigh. Temporary, retirees, interns and pages, and other individuals who do not receive State employee benefits as a part of their job, are not eligible. 2. The employee must display their valid State-issued ID card when using the GoPass. 3. When an employee leaves the agency that issued them their GoPass they must surrender their GoPass. 4. Employees may not loan, share, sell, barter or trade their GoPass. 5. GoPasses may be deactivated if misuse has been reported.			
_____ Employee's Signature		_____ GoPass Coordinator's Signature	
_____ Date		_____ Date	
		Phone #: _____	
<i>Application not valid without signatures.</i>			

State Parking Division

116 W. Jones Street – Room G068 – Raleigh, NC 27699-1334

1334 MSC

919-807-4499 (office) 919-807-2316 (fax)

Email: parking@doa.nc.gov

Website: www.doa.nc.gov/parking

Office Hours: 8 am – 5 pm, M-F

For State Parking Use Only

GoPass # _____

Date Received: _____ Date Assigned: _____

Picked up by: _____